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Claim Amendments

This listing of claims will replace all prior versions and listing of claims in the application:

Listing of Claims:

1. (Currently Amended) A method for non-alimentary nutrition comprising administering by a parenteral route to a patient in need of parenteral nutrition, a nutritively effective amount of one or more nutrients ~~selected from the group consisting of carbohydrates, amino acids, lipids, free fatty acids, mono- or diglycerides, glycerol and any combination thereof;~~ and one or more insulintropic peptides, wherein the insulintropic peptide is GLP-1, GIP, GLP-1 (7-34), GLP-1 (7-35), GLP-1 (7-36), GLP (7-37), the deletion sequences thereof, the natural and non-natural amino acid residue substitutes thereof, the C terminus carboxamides thereof, the C terminus esters thereof, the D terminus ketones thereof, the N terminus modifications thereof, or any mixture thereof, wherein the administration of the nutrient(s) produces a blood glucose level in the patient of from about 80 to 180 mg glucose per deciliter of blood, and the rate of administration is calculated to deliver up to about 1000 g of glucose or its equivalent per patient per day.

Claims 2-16 (Canceled).

17. (Currently Amended) The method of claim 21 wherein the nutrient is a carbohydrate is a hexose, ~~pentose, hexose alcohol, pentose alcohol, or any combination thereof.~~

18. (Currently Amended) The method of claim 21 wherein the carbohydrate is a glucose, fructose, galactose, xylitol, mannitol, sorbitol, hexose, pentose alcohol, pentose alcohol, or any combination thereof.

19. (Previously Amended) The method of claim 1 wherein said nutrient is one or more amino acids, lipids, free fatty acids, mono- or diglycerides or glycerol or any combination thereof.

20. (Canceled).

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21. (Previously Amended) The method of claim 1 wherein the insulinotropic peptide or peptides are administered by infusion at a rate of 0.01 to 50 pmol per kg of body weight of patient per minute.

22. (Canceled).

23. (Previously Amended) The method of claim 1, wherein said nutrient is in a first aqueous medium and said one or more insulinotropic peptides is in a second aqueous medium or a pharmaceutically acceptable solid or gel tab or sustained release matrix.

24. (Previously Amended) The method of claim 1 wherein said insulinotropic peptide or peptides are administered at a standardized concentration sufficient to provide a plateau level of the insulinotropic peptide or peptides in the patient's blood.

25. (Previously Amended) The method of claim 1 wherein the nutrient and insulinotropic peptide or peptides are continuously administered.

Claims 26-31 (Canceled).

32. (Previously Presented) The method of claim 1, wherein said patient is non-diabetic.

33. (Currently Amended) The method of claim 1, wherein said insulinotropic peptide or peptides is GLP-1, GLP-1 (7-34), GLP-1 (7-35), GLP-1 (7-36), the deletion sequences thereof, the natural and non-natural amino acid residue substitutes thereof, the C-terminus carboxamides thereof, the ~~D-terminus~~ C-terminus ketones thereof, the N-terminus modifications thereof or any mixture thereof.

34. (Previously Presented) The method of claim 1, wherein said insulinotropic peptide or peptides is GLP-1 (7-36) amide.

35. (Previously Presented) The method of claim 1, wherein said nutrient and said insulinotropic peptide or peptides are administered intravenously, either together or separately.

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Claims 36-40. (Canceled).

41. (Currently Amended) A method of enhancing metabolism of nutrients, comprising administering by a parenteral route to a non-diabetic patient in need of enhancing metabolism of nutrients a nutritively effective amount of one or more nutrients or any combination thereof and one or more insulintropic peptide or peptides, wherein said peptide or peptides is GLP-1, GLP-1 (7-34), GLP-1 (7-35), GLP-1 (7-36), GLP (7-37), the deletion sequences thereof, the natural and non-natural amino acid residue substitutes thereof, the C-terminus carboxamides thereof, the C-terminus esters thereof, the ~~D-terminus~~ C-terminus ketones thereof, the N-terminus modifications thereof, or any mixture thereof.

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42. (Previously Amended) A method of enhancing metabolism of nutrients, comprising administering by a parenteral route to a patient with a disturbed glucose metabolism, a surgery patient, a comatose patient, a patient in shock, a patient with gastrointestinal disease, a patient with digestive hormone disease, an obese patient, an atherosclerotic patient, a patient with vascular disease, a patient with gestational diabetes, a patient with liver disease, a patient with liver cirrhosis, a patient with glucocorticoid excess, a patient with Cushings disease, a patient with activated counterregulatory hormones that occur after trauma or a disease, a patient with hypertriglyceridemia, or a patient with chronic pancreatitis, a nutritively effective amount of one or more nutrients or any combination thereof and one or more insulintropic peptides.

43. (Previously Presented) The method of claim 41, wherein said insulintropic peptide or peptides is GLP-1 (7-36) amide.

44. (Currently Amended) A method of enhancing metabolism of nutrients, comprising administering by a parenteral route to a patient in need of enhancing metabolism of nutrients a nutritively effective amount of glucose and one or more insulintropic peptide or peptides, wherein said insulintropic peptide or peptides is GLP-1, GLP-1 (7-34), GLP-1 (7-35), GLP-1 (7-36), GLP (7-37), the deletion sequences thereof, the natural and non-natural amino acid residue substitutes thereof, the C-terminus carboxamides thereof, the C-terminus esters thereof,

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the ~~D-terminus~~C-terminus ketones thereof, the N-terminus modifications thereof, or any mixture thereof; wherein the administration of the nutrient(s) produces a blood glucose level in the patient of from about 80 to 180 mg glucose per deciliter of blood, and the rate of administration is calculated to deliver up to about 1000 g of glucose or its equivalent per patient per day.

45. (Previously Presented) The method of claim 1, wherein said insulintropic peptide or peptides are an incretin.

46. (Previously Presented) A method of treating hyperglycemia, comprising administering by a parenteral route to a hyperglycemic patient glucose, fructose, xylitol or any combination thereof and one or more insulintropic peptides.

47. (Canceled).

48. (Currently Amended) The method of claim 41 ~~4~~ wherein said nutrient is one or more amino acids, lipids, free fatty acids, mono- or diglycerides or glycerol, or any combination thereof.

49. (Previously Amended) The method of claim 1, wherein said nutrient is a pyruvate.

50. (Previously Amended) The method of claim 1, wherein said nutrient is a lactate.

51. (Previously Presented) A method for non-alimentary nutrition comprising administering by a parenteral route to a patient in need of parenteral nutrition, a nutritively effective amount of one or more nutrients selected from the group consisting of carbohydrates, amino acids, lipids, free fatty acids, mono- or diglycerides, glycerol and any combination thereof; and one or more insulintropic peptides, wherein the insulintropic peptide is GLP-1, wherein the administration of the nutrient(s) produces a blood glucose level in the patient of from about 80 to 180 mg glucose per deciliter of blood, and the rate of administration is calculated to deliver up to about 1000 g of glucose or its equivalent per patient per day.

52. (New) The method of claim 1 wherein the administration of the nutrient to the patient produces a blood glucose level in the patient of from about 80 to 180 mg glucose per deciliter of

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blood and the rate of administration is calculated to deliver up to about 1000 g of glucose or its equivalent per patient per day.

53. (New) The method of claim 1 wherein the insulintropic peptide is GLP-1, GIP, GLP-1 (7-34), GLP-1 (7-35), GLP-1 (7-36), GLP (7-37), the deletion sequences thereof, the natural and non-natural amino acid residue substitutes thereof, the C-terminus carboxamides thereof, the C-terminus esters thereof, the C-terminus ketones thereof, the N-terminus modifications thereof or any mixture thereof.

54. (New) The method of claim 1 wherein the insulintropic peptide is an exendin.

55. (New) The method of claim 41 wherein the insulintropic peptide is an exendin.
